



## SECTION 1

<b>SECTION 2</b>
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AB	AK	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA
IA	ID	IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN
MO	MS	MT	MX	NB	NC	ND	NE	NF	NH	NJ	NM	NS
NT	NV	NY	OH	OK	ON	OR	PA	PE	PQ	RI	SC	SD
SK	TN	TX	UT	VA	VT	WA	WI	WV	WY	YT		

<b>SECTION 3</b>												
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## SECTION 1

## Schedule A Instructions

## SECTION 3

**Line 1:** Enter the Applicant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

**Line 2:** Enter the Business Entity Type as registered with the Indiana Secretary of State or Indiana Department of Revenue. Business Entity Types are Incorporation, Partnership, Sole Proprietor, Not-for-Profit Organization, or Government Owned.

**Lines 3:** Enter the Federal Identification Number if registered as a Corporation or Partnership. Enter the Social Security Number if registered as a Sole Proprietorship.

**Lines 4 through 8:** Enter the Indiana physical address location of the place of business, where operational records can be attained and where Actual Miles are accrued.

**Line 9 through 13:** Enter the mailing address where correspondence regarding the **IRP Account** is to be received by the Contact Person (designated on Line 22). Use the mailing address area on the Schedule B or BN to indicate the **Fleet** mailing address.

**Line 14:** Enter the Indiana business telephone number.

**Line 15:** Enter the email address for electronic communication with the IRP Unit.

**Line 16:** Enter the Indiana IRP Account Number and Fleet Number. If the application is for the establishment of an Initial IRP Account, also see Line 19.

**Line 17:** Enter the last two digits of the Registration Year which the Applicant is seeking proportional registration.

**Line 18:** Enter the US DOT Number of the Applicant. All IRP Registrants are required to obtain a US DOT Number unique to the Registrant. The US DOT Number should be in the name in which the Applicant registered with the Indiana Secretary of State or Indiana Department of Revenue. If the Applicant is operating under the authority of a lessor, the Applicant must register the apportionable vehicles with the lessor's US DOT Number (as indicated in Section 3, Column 7); however the Applicant must have a US DOT Number.

**Line 19:** Enter an X in the appropriate box for determining if a New Account.

**Line 20:** Enter the International Fuel Tax License Number. The Applicant is responsible for providing proof of IFTA responsibility whether through the Applicant having an IFTA License or through a Lease Agreement.

**Line 21:** Enter the Taxpayer Identification Number of the Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

**Line 22:** Enter the name of the person who is responsible for conducting the **Account's** business with the IRP Unit. If the Contact Person is not a listed Responsible Officer of the business entity, then a Power of Attorney is required, with the signature of a Responsible Officer and the Contact Person Designee.

**Line 23:** Enter the telephone number of the Contact Person.

## SECTION 2

Indicate the appropriate weight in the jurisdiction for the vehicle(s) in Section 3. The weight must be the "Declared Combined Gross Weight" or the "Declared Gross Vehicle Weight" as shown in Section 3, Column 11. California weight is shown at the "Unladen Weight" as shown in Section 3 Column 9.

**Column 1:** Enter the Registrant assigned Unit Number or Equipment Number for the vehicle.

**Column 2:** Enter the last two digits of the Model Year of the vehicle.

**Column 3:** Enter the Vehicle Make using the three letter abbreviation that is shown on the vehicle title or title application.

**Column 4:** Enter the entire Vehicle Identification Number (VIN) as shown on the Certificate of Title or Title Application.

**Column 5:** Enter the type of vehicle.  
Vehicle Types: TK - Truck (single), TR-Tractor, TT-Truck Tractor, RT-Road Tractor, ST-Semi-Trailer, FT-Full Trailer, BS-Bus, WR-Wrecker, CG-Converter Gear. (Use only the abbreviation.) For a complete description and illustration, please refer to the 2001 IRP Manual. Enter "5ST" for Five-Year Semi-Trailer plate or "PST" for Permanent Semi-Trailer plate.

**Column 6:** Enter the number of Axles, including axles in a tandem group. If registering a Bus, indicate the rated Seat capacity.

**Column 7:** Enter the US DOT Number of the entity responsible for the vehicle safety fitness. If the Registrant is a lessee, the responsible party will be determined via a Lease Agreement.

**Column 8:** Enter the Fuel Type. Fuel Types are as follows:  
D-Diesel, G-Gasoline, P-Propane, O-Other. (Use only the abbreviation.)

**Column 9:** Enter the weight of the vehicle fully equipped for service excluding the weight of any load.

**Column 10:** Enter the total unladen weight of the vehicle plus the maximum load to be carried on the vehicle.

**Column 11:** Enter the total unladen weight of the combination of vehicles plus the maximum load to be carried on that combination of vehicles.

**Column 12:** Enter the actual purchase price of the vehicle paid by the current owner, excluding trade in and sales tax, including accessories or modifications attached to the vehicle.

**Column 13:** Enter the manufacturer's retail price excluding trade in and sales tax, including accessories or modification attached to the vehicle.

**Column 14:** Enter the month and year in which the vehicle was purchased by the current owner.

**Column 15:** Enter the name of the titled owner, if the vehicle is not owned by the Applicant.

Please list the entire names and Social Security Number of owners, partners or corporate officers. (Attach a separate sheet if necessary.)

Last	First	Middle	Social Security Number
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